



MEMBERSHIP APPLICATION

PLEASE FILL OUT THIS APPLICATION TO BE CONSIDERED FOR
MEMBERSHIP AT THE PAMPA COUNTRY CLUB.

APPLICANT NAME: _____ SPOUSE: _____

HOME #: _____ WORK #: _____

HOME ADDRESS: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ COMPANY: _____

DATE OF BIRTH: _____

CHILDREN (UNDER 21 YEARS OLD, OR OVER 21, IF UNMARRIED AND IN SCHOOL):

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

REFERENCES:

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

I understand that by selecting to participate in a membership at The Pampa Country Club that I will be responsible for full payment of all dues, stock purchase, and all other amounts that I (or eligible family) charge to my account. I also understand that if I do not meet my payment obligations, that all membership privileges will be suspended per club rules until full payment is received, and that past due balances will be charged to the listed credit card. I agree to abide by all existing and future club rules, regulations and by-laws. I agree to pay all bills promptly within 30 days.

Applicant Signature

Debit/Credit Card #

Date

Expiration Date